

466

MAKING A RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		State File No. <u>466</u>		Registered No. <u>395</u>	
County <u>Pima</u>		State _____		or _____	
District or Township <u>12</u>		or Village _____		_____	
City <u>Tucson</u>		No. <u>535 No. 3rd</u>		St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Lelia Cebelle Johnson</u>					
(a) Residence, No. _____ (Usual place of abode) _____ St. _____ Ward _____ (If non-resident, give city or town and State)					
Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.			
<u>Female</u>	<u>White</u>	<u>Married</u>			
5a. If married, widowed, or divorced					
HUSBAND of _____ (or) WIFE of <u>Wm. A Johnson</u>					
6. DATE OF BIRTH (month, day and year)					
7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	
<u>51</u>	<u>7</u>	<u>0</u>			
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Housewife</u>					
(b) General nature of industry, business or establishment in which employed (or employer) _____					
(c) Name of employer <u>Harwood Lumber</u>					
9. BIRTHPLACE (city or town) _____ (State or country) _____					
10. NAME OF FATHER <u>Bayless Laine</u>					
11. BIRTHPLACE OF FATHER <u>Tenn.</u> (city or town) _____ (State or country) _____					
12. MAIDEN NAME OF MOTHER <u>Cebelle Wells</u>					
13. BIRTHPLACE OF MOTHER <u>Lockhart Texas</u> (city or town) _____ (State or country) _____					
14. Informant <u>Wm A Johnson</u> (Address) <u>535 N. 3rd St</u>					
15. Filed <u>5/28</u> 19 <u>28</u> <u>Dr. Alvin Kimm</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>May 25 1928</u> Month _____ Day _____ Year _____					
17. I HEREBY CERTIFY, That I attended deceased from <u>May 1</u> 19 <u>28</u> to <u>May 22</u> 19 <u>28</u> that I last saw him alive on <u>May 25</u> 19 <u>28</u> and that death occurred, on the date stated above, at <u>11.00A</u> m. The CAUSE OF DEATH* was as follows: <u>Carcinoma of uterus</u>					
(duration) <u>2</u> yrs. _____ mos. _____ ds.					
CONTRIBUTORY <u>malnutrition</u> (Secondary) _____ (duration) <u>2</u> yrs. _____ mos. _____ ds.					
18. Where was disease contracted? <u>Texas</u> If not _____ place of death? _____					
Did an operation precede death? <u>NO</u> Date of _____					
Was there an autopsy? <u>NO</u> Phys. Exam _____					
What test confirmed diagnosis? _____ (Signed) <u>M. J. McCaffrey</u> M. D. May 25 1928 (Address) <u>Tucson</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Harwood Lumber</u> DATE OF BURIAL <u>5/26-28</u>					
20. UNDERTAKER <u>Parker-Grimshaw Und. Co</u> ADDRESS <u>Tucson</u>					